

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013659

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1008

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED APR 6 1962

1. PLACE OF DEATH

a. COUNTY *St. Louis,*b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN *Sappington 26,*Length of stay in lb
*1 year*c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION *5244 Lindbergh Blvd.*Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE *Missouri* b. COUNTY *St. Louis,*c. CITY OR TOWN *Sappington 26,* Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location) *5244 Lindbergh Blvd.* Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First *Anna*Middle *Marie*Last *Sauler*

4. DATE OF DEATH

Month *March* Day *25,* Year *1962*

5. SEX

Female

6. COLOR OR RACE

*White*7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-28-'92

9. AGE (last birthday)

*69*IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

Others

11. BIRTHPLACE (City and state or country)

Black Forest, Germany

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Guth

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

*Carl Sauler*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)*no*

16. SOCIAL SECURITY NO.

17. INFORMANT
Address*Mrs. J. A. Davis 5244 Lindbergh Blvd.*18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Severe Dehydration

INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

*Acute Gastroenteritis, severe**36 hrs.*

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arteriosclerotic Heart Disease, with Decompensation

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *3/25/62* to *3/25/62* and last saw her alive on *3/25/62*
Death occurred at *11:25* A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Leo L. Hacker MD

(Degree or title)

22b. ADDRESS

3563 Ritz Center, St. Louis 25

22c. DATE SIGNED

3/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

3-28-'62

23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Gardens

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

Mittelberg, Webster Groves, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

3-27-62

26. REGISTRAR'S SIGNATURE

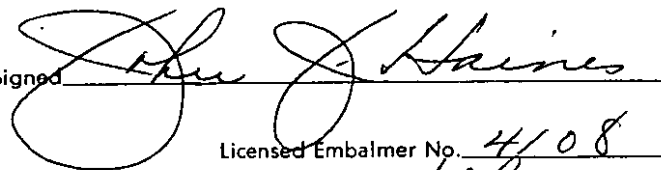
John B. Murphy MD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4108

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.